

**DEPARTMENT OF CIVIL SERVICE  
EMPLOYEE BENEFITS DIVISION  
FY 2007-2008 VISION INSURANCE PREMIUM RATES  
EFFECTIVE OCTOBER 7, 2007**

PLAN NAME/CODE	Option *2	BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		MONTHLY	
		Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
<b>[VBW0] State Vision Plan</b>	1	\$ -	\$ 2.80	\$ 2.80	\$ -	\$ 72.91	\$ 72.91	\$ 1.40	\$ 1.40	\$ 36.46	\$ 36.46	\$ 6.08	\$ 6.20
(State pays 100%)	2	\$ -	\$ 4.93	\$ 4.93	\$ -	\$ 128.09	\$ 128.09	\$ 2.46	\$ 2.46	\$ 64.05	\$ 64.05	\$ 10.67	\$ 10.89
	3	\$ -	\$ 6.02	\$ 6.02	\$ -	\$ 156.46	\$ 156.46	\$ 3.01	\$ 3.01	\$ 78.23	\$ 78.23	\$ 13.04	\$ 13.30
	4	\$ -	\$ 8.16	\$ 8.16	\$ -	\$ 212.03	\$ 212.03	\$ 4.08	\$ 4.08	\$ 106.02	\$ 106.02	\$ 17.67	\$ 18.02
<b>[V3ZN] Decline Vision Ins.</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period.

\*2 Vision option codes are: 1= Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family